

Certification of Mailing or Facsimile Transmission
 I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
 Theodore P. Cummings, Esq. 40,973
 Name Registration No (if applicable)
 Signature
 Date



IN THE UNITED STATES PATENT & TRADEMARK OFFICE
 RESPONSE/AMENDMENT

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/606,137
 Applicant(s) : David Vincent Zyzak, et al.
 Filed : June 25, 2003
 Title : METHOD FOR REDUCING ACRYLAMIDE IN FOODS
 HAVING REDUCED LEVELS OF ACRYLAMIDE, AND
 ARTICLE OF COMMERCE
 TC/A.U. : 1761
 Examiner : K. D. Hendricks
 Conf. No. : 3971
 Docket No. : 9043MXL
 Customer No. : 27752

1. ☐ No additional fees (claims fees or extension fees) are known to be required.
2. ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 50	MINUS	** 50	= 0	x \$18 =	\$0
INDEP.	* 13	MINUS	*** 13	= 0	x \$88 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$300 =	\$0
					TOTAL	\$0

3. ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated June 30, 2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$110.00 for a one-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - a. ☒ Any patent application processing fees under 37 CFR §1.16.
 - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By

Theodore P. Cummings, Esq.
 Registration No. 40,973
 (513) 634-1906

Date: October 22, 2004



<h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">for FY 2005</h3> <p style="text-align: center; font-size: small;">Patent fees are subject to annual revision.</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>TOTAL AMOUNT DUE PAYMENT (\$)110.00</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; background-color: #f2f2f2;">Complete if Known</th> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>10/606,137</td> </tr> <tr> <td>Confirmation Number</td> <td>3971</td> </tr> <tr> <td>Filing Date</td> <td>June 25, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>David Vincent Zyzak</td> </tr> <tr> <td>Examiner Name</td> <td>K. D. Hendricks</td> </tr> <tr> <td>Art Unit</td> <td>1761</td> </tr> <tr> <td>Attorney Docket No.</td> <td>9043MXL</td> </tr> </table>	Complete if Known		Application Number	10/606,137	Confirmation Number	3971	Filing Date	June 25, 2003	First Named Inventor	David Vincent Zyzak	Examiner Name	K. D. Hendricks	Art Unit	1761	Attorney Docket No.	9043MXL
Complete if Known																	
Application Number	10/606,137																
Confirmation Number	3971																
Filing Date	June 25, 2003																
First Named Inventor	David Vincent Zyzak																
Examiner Name	K. D. Hendricks																
Art Unit	1761																
Attorney Docket No.	9043MXL																

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p style="margin-left: 20px;">Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>	<p>3. ADDITIONAL FEES</p> <table style="width: 100%; font-size: small;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>1252</td><td>430</td><td>Extension for reply within 2nd month</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1253</td><td>980</td><td>Extension for reply within 3rd month</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,530</td><td>Extension for reply within 4th month</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,080</td><td>Extension for reply within 5th month</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1401</td><td>340</td><td>Notice of Appeal</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1402</td><td>340</td><td>Filing a brief in support of an appeal</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1403</td><td>300</td><td>Request for oral hearing</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,370</td><td>Petition to revive - unintentional</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,370</td><td>Utility issue fee (or reissue)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1502</td><td>490</td><td>Design issue fee</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1809</td><td>790</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1810</td><td>790</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1801</td><td>790</td><td>Request for Continued Examination (RCE)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1370</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>	1252	430	Extension for reply within 2 nd month	<input type="checkbox"/>	1253	980	Extension for reply within 3 rd month	<input type="checkbox"/>	1254	1,530	Extension for reply within 4 th month	<input type="checkbox"/>	1255	2,080	Extension for reply within 5 th month	<input type="checkbox"/>	1401	340	Notice of Appeal	<input type="checkbox"/>	1402	340	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	300	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,370	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,370	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	490	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	790	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	790	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	1801	790	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1370	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>
Code	(\$)	Fee Description	Fee Paid																																																																																																																						
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																						
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																						
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																						
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																						
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																						
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																						
1251	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>																																																																																																																						
1252	430	Extension for reply within 2 nd month	<input type="checkbox"/>																																																																																																																						
1253	980	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																						
1254	1,530	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																						
1255	2,080	Extension for reply within 5 th month	<input type="checkbox"/>																																																																																																																						
1401	340	Notice of Appeal	<input type="checkbox"/>																																																																																																																						
1402	340	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																						
1403	300	Request for oral hearing	<input type="checkbox"/>																																																																																																																						
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																						
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																						
1453	1,370	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																						
1501	1,370	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																						
1502	490	Design issue fee	<input type="checkbox"/>																																																																																																																						
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																						
1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>																																																																																																																						
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																						
1809	790	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																						
1810	790	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																						
1801	790	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																						
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																						
1454	1370	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																						
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																						
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																						
<p style="text-align: center; background-color: #f2f2f2; margin: 0;">FEE CALCULATION</p> <p>1. BASIC FILING FEE – Large Entity</p> <table style="width: 100%; font-size: small;"> <tr> <th style="text-align: left;">Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr><td>1001 790</td><td>Utility filing fee</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1002 350</td><td>Design filing fee</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1004 790</td><td>Reissue filing fee</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>1005 160</td><td>Provisional filing fee</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td style="text-align: right;">(\$)[0]</td></tr> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</p> <table style="width: 100%; font-size: small; margin: 10px 0;"> <tr> <th></th> <th style="text-align: center;">Extra</th> <th style="text-align: center;">Fee from</th> <th style="text-align: center;">Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims</th> <th style="text-align: center;">Below</th> <th style="text-align: center;">Paid</th> </tr> <tr> <td>Total Claims <input type="checkbox"/> - 20** =</td> <td style="text-align: center;"><input type="checkbox"/> x</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">= <input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** =</td> <td style="text-align: center;"><input type="checkbox"/> x</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">= <input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">= <input type="checkbox"/></td> </tr> </table> <p style="font-size: x-small;">** or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; font-size: small;"> <tr> <th style="text-align: left;">Code (\$)</th> <th style="text-align: left;">Fee Description</th> </tr> <tr><td>1202 18</td><td>Claims in excess of 20</td></tr> <tr><td>1201 88</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203 300</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204 88</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205 18</td><td>**Reissue claims in excess of 20 & over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$)[0]</td></tr> </table>	Code (\$)	Fee Description	Fee Paid	1001 790	Utility filing fee	<input type="checkbox"/>	1002 350	Design filing fee	<input type="checkbox"/>	1004 790	Reissue filing fee	<input type="checkbox"/>	1005 160	Provisional filing fee	<input type="checkbox"/>	SUBTOTAL (1)		(\$)[0]		Extra	Fee from	Fee		Claims	Below	Paid	Total Claims <input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>	Code (\$)	Fee Description	1202 18	Claims in excess of 20	1201 88	Independent claims in excess of 3	1203 300	Multiple dependent claim, if not paid	1204 88	**Reissue independent claims over original patent	1205 18	**Reissue claims in excess of 20 & over original patent	SUBTOTAL (2) (\$)[0]		<p style="text-align: right; font-weight: bold;">* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[110]</p>																																																																				
Code (\$)	Fee Description	Fee Paid																																																																																																																							
1001 790	Utility filing fee	<input type="checkbox"/>																																																																																																																							
1002 350	Design filing fee	<input type="checkbox"/>																																																																																																																							
1004 790	Reissue filing fee	<input type="checkbox"/>																																																																																																																							
1005 160	Provisional filing fee	<input type="checkbox"/>																																																																																																																							
SUBTOTAL (1)		(\$)[0]																																																																																																																							
	Extra	Fee from	Fee																																																																																																																						
	Claims	Below	Paid																																																																																																																						
Total Claims <input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Code (\$)	Fee Description																																																																																																																								
1202 18	Claims in excess of 20																																																																																																																								
1201 88	Independent claims in excess of 3																																																																																																																								
1203 300	Multiple dependent claim, if not paid																																																																																																																								
1204 88	**Reissue independent claims over original patent																																																																																																																								
1205 18	**Reissue claims in excess of 20 & over original patent																																																																																																																								
SUBTOTAL (2) (\$)[0]																																																																																																																									

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Theodore P. Cummings	Registration No. (Attorney/Agent)	40,973	Telephone	(513) 634-1906
Signature			Date	10/22/2004	

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.